STATE OF NEW JERSEY

OFFICE OF THE CHILD ADVOCATE

135 West Hanover Street, 3rd Floor P.O. Box 092 Trenton, New Jersey 08625-0092 Telephone: (609) 984-1188 Fax: (609) 292-1435 www.childadvocate.nj.gov

INTERNAL USE ONLY
KidsVoice
Website
Correspondence
Project

REQUEST FOR ASSISTANCE OR INVESTIGATION

		Date	e of Complaint:		_	
To request tha below.	t an inv	estigation be	conducted by t	he Office of the Child Adv	ocate, please complete the form	
Name: Address:						
Email: Telephone #:	Day: _			Evening:		
Child's Na	ime	Date of Birth	Male or Female?	Address/Telephone #	Caretaker's Name(s) & Relationship to Child	
What is your current relationship to the chi Child's Biological Parent Child's Grandparent Licensed Foster Parent Other (please explain)			<u> </u>	Child's Legal Guardian Other Relative Community Professional or Service Provider		
No Unkn	own	•	•	attorney or child advocate? whone number, if known)		
If DYFS is invo	olved, pl	ease provide	he DYFS File N	Number and the name and of	fice location of caseworker:	

(OVER)

OCA REQUEST FOR INVESTIGATION (CONTINUED)

of
— — —

Signature